



REQUESTED DATE \_\_\_\_\_ PERSON REQUESTING SERVICE \_\_\_\_\_

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_

TYPE OF SERVICE (CHECK ONE)

- ☐ NEW SERVICE  
☐ TRANSFER OF SERVICE  
☐ DISCONNECT ADDRESS:  
☐ CHANGE OF MAILING ADDRESS ONLY

\_\_\_\_\_  
SERVICE ADDRESS

DATE SERVICE STARTS \_\_\_\_\_ DATE TO DISCONNECT \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

FORWARDING ADDRESS: (IF DISCONNECT)  
OR MAILING ADDRESS (CIRCLE ONE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CONFIDENTIALITY REQUEST

\_\_\_\_\_ I hereby request confidentiality of my  
personal information by the city of Frisco utility  
department.

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_ I hereby rescind my request for  
Confidentiality.

\_\_\_\_\_  
BUSINESS PHONE

\_\_\_\_\_  
ALTERNATE PHONE

\_\_\_\_\_  
SIGNATURE OF CUSTOMER

\_\_\_\_\_  
(IF TRANSFER, COMPLETE INFORMATION FOR CONNECTION AT NEW ADDRESS)

TRANSFER TO ADDRESS: \_\_\_\_\_

CONNECT DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ WORK ORDER #: \_\_\_\_\_